

Waukesha County Register of Deeds
Credit/Debit Card Authorization Release Form

I hereby authorize Waukesha County Register of Deeds to charge my credit/debit card as follows:

Amount: \$ _____

Card Type: ___ Visa ___ MasterCard ___ Discover ___ Other

(We do not accept American Express)

Account Number: _____

CCV: _____ Expiration Date: _____

Name: _____

Billing Address: _____

City, State, ZIP: _____

Signature: _____

_____ Date: _____

(This form will be shredded immediately after payment information is entered into our system.)